

0860-000-977www.xps.co.za
REG. No. 1955/000167/07

309784650

**SENDERS COPY****PRESS HARD WITH A BALLPOINT PEN**

1. FROM SENDERS REFERENCE. FIRST 12 CHARACTERS APPEAR ON INVOICE		2. TO																							
Senders Name: BAVIAANS MUNI Company: Building: Office No.: Street: KILLOWMORE Floor No.: Suburb: City: Senders Ref: Phone/Cell: ()		Receivers Name: PROVINCIAL TREASURY Company: MS M HOUGAARD Office No.: Building: 163 KIRKMAN ROAD Floor No.: Suburb: KARSTEN City: PORT ELIZABETH Receivers Ref: MS M HOUGAARD Phone/Cell: ()																							
3. PAYMENT DETAILS		4. SELECT FROM SERVICE OPTIONS																							
Insert ACCOUNT NUMBER to be charged <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												<table border="1"> <tr> <td>OVER NIGHT</td> <td></td> <td>COURIER ECONOMY</td> <td>SAMEDAY</td> <td>RETAIL</td> <td>EARLY BIRD 09:00 am</td> </tr> <tr> <td>SATURDAY</td> <td>FREIGHT</td> <td>BROKERAGE</td> <td>* COUNTER</td> <td colspan="2">DOMESTIC</td> </tr> </table>		OVER NIGHT		COURIER ECONOMY	SAMEDAY	RETAIL	EARLY BIRD 09:00 am	SATURDAY	FREIGHT	BROKERAGE	* COUNTER	DOMESTIC	
OVER NIGHT		COURIER ECONOMY	SAMEDAY	RETAIL	EARLY BIRD 09:00 am																				
SATURDAY	FREIGHT	BROKERAGE	* COUNTER	DOMESTIC																					
Bill my Credit Card <input type="checkbox"/> Name of Credit Card holder: R Credit Card / Cheque No. EXP. Date Cash Shipment <input type="checkbox"/> (XPS will not be held responsible for Cash or Cheque payments not signed for) R Signed _____ COURIER MUST SIGN FOR AMOUNT RECEIVED		* ADVISE RECEIVER TO COLLECT FROM COUNTER REFERENCE TO ROUTE GUIDE FOR SERVICE AVAILABILITY & DELIVERY TIMES OUTSIDE OF THE MAIN CENTRES IF NO SERVICE TYPE IS INDICATED THE SYSTEM WILL DEFAULT TO OVERNIGHT. AFTER HOURS <input type="checkbox"/> DECLARED CONTENTS: DRAFT & FINAL SOBIP 2015/16 HOLD FOR COLLECTION <input type="checkbox"/> INSURANCE <input type="checkbox"/> Automatic premium is raised to provide marine insurance cover up to R7500 per parcel. Tick box if not required. NO INSURANCE																							
5. PARCEL DETAILS: FOR MULTIPLE PARCELS SEE REVERSE SIDE OF TOP COPY		RECEIVED BY XPS																							
No. OF PARCELS	DIMENSION OF THIS PARCEL IN CM	MASS OF THIS PARCEL IN KG'S	Name: ALLEK																						
1	KOEVERT		Signature: [Signature]																						
By signing this waybill the sender is concluding a contract with XPS and warrants his authority to enter this contract. The terms and conditions of this contract are available on the reverse of the Sender's Copy. The sender remains liable for all charges if not settled by the nominated party within 30 days.			Signature:																						
Print Name: SENORIA Date: 6/8/15 Senders Signature:			Collection number: Date: 6/8/15 Time: h																						

0860-000-977www.xps.co.za
REG. No. 1955/000167/07

309784643

**SENDERS COPY****PRESS HARD WITH A BALLPOINT PEN**

1. FROM SENDERS REFERENCE. FIRST 12 CHARACTERS APPEAR ON INVOICE		2. TO																							
Senders Name: BAVIAANS MUNI Company: MS L KREIGER Building: NATIONAL TREASURY Office No.: Street: 40 CHURCH SQUARE Floor No.: Suburb: PRETORIA City: PRETORIA Senders Ref: Phone/Cell: ()		Receivers Name: MS L KREIGER Company: NATIONAL TREASURY Office No.: Building: 40 CHURCH SQUARE Floor No.: Suburb: PRETORIA City: PRETORIA Receivers Ref: Phone/Cell: ()																							
3. PAYMENT DETAILS		4. SELECT FROM SERVICE OPTIONS																							
Insert ACCOUNT NUMBER to be charged <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												<table border="1"> <tr> <td>OVER NIGHT</td> <td></td> <td>COURIER ECONOMY</td> <td>SAMEDAY</td> <td>RETAIL</td> <td>EARLY BIRD 09:00 am</td> </tr> <tr> <td>SATURDAY</td> <td>FREIGHT</td> <td>BROKERAGE</td> <td>* COUNTER</td> <td colspan="2">DOMESTIC</td> </tr> </table>		OVER NIGHT		COURIER ECONOMY	SAMEDAY	RETAIL	EARLY BIRD 09:00 am	SATURDAY	FREIGHT	BROKERAGE	* COUNTER	DOMESTIC	
OVER NIGHT		COURIER ECONOMY	SAMEDAY	RETAIL	EARLY BIRD 09:00 am																				
SATURDAY	FREIGHT	BROKERAGE	* COUNTER	DOMESTIC																					
Bill my Credit Card <input type="checkbox"/> Name of Credit Card holder: R Credit Card / Cheque No. EXP. Date Cash Shipment <input type="checkbox"/> (XPS will not be held responsible for Cash or Cheque payments not signed for) R Signed _____ COURIER MUST SIGN FOR AMOUNT RECEIVED		* ADVISE RECEIVER TO COLLECT FROM COUNTER REFERENCE TO ROUTE GUIDE FOR SERVICE AVAILABILITY & DELIVERY TIMES OUTSIDE OF THE MAIN CENTRES IF NO SERVICE TYPE IS INDICATED THE SYSTEM WILL DEFAULT TO OVERNIGHT. AFTER HOURS <input type="checkbox"/> DECLARED CONTENTS: DRAFT & FINAL SOBIP 2015/16 HOLD FOR COLLECTION <input type="checkbox"/> INSURANCE <input type="checkbox"/> Automatic premium is raised to provide marine insurance cover up to R7500 per parcel. Tick box if not required. NO INSURANCE																							
5. PARCEL DETAILS: FOR MULTIPLE PARCELS SEE REVERSE SIDE OF TOP COPY		RECEIVED BY XPS																							
No. OF PARCELS	DIMENSION OF THIS PARCEL IN CM	MASS OF THIS PARCEL IN KG'S	Name: ALLEK																						
1	KOEVERT		Signature: [Signature]																						
By signing this waybill the sender is concluding a contract with XPS and warrants his authority to enter this contract. The terms and conditions of this contract are available on the reverse of the Sender's Copy. The sender remains liable for all charges if not settled by the nominated party within 30 days.			Signature:																						
Print Name: SENORIA Date: 6/8/15 Senders Signature:			Collection number: Date: 6/8/15 Time: h																						